



IHS Epidemiology News

Division of Community and Environmental Health – IHS Headquarters

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Just what is an epidemiologist anyway?

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Special Points of Interest:

- Tobacco control funds forthcoming
- Hepatitis A to C and beyond
- Community acquired MRSA troubling
- Colpo workshops to be held April 10-13
- Rotavirus vaccine recall

We're often asked what we do for a living as epidemiologists. Contrary to popular belief, we do not specialize in skin disorders, nor are we human "bean counters!" But when we try to explain our occupation, we have a difficult time describing the wide breadth of activities and challenges facing us. At the simplest level, we attempt to prevent and control diseases using the tools of statistics and epidemiology. Accordingly, the Institute of Medicine tells us that epidemiology provides the foundation for all of public health.

A vivid image of an epidemiologist is that of the "disease detective" on the forefront in solving mysterious illnesses and

epidemics. Although this image incorporates many aspects of an epidemiologist's life, most of us lead a more sedate existence trapped behind a computer screen. But the basic notion of solving the mystery behind an illness is common to all epidemiologists, whether they are working on an exotic viral fever or a slow-moving epidemic of diabetes. To better illustrate this let me recount an event one of us recently experienced. At a national Indian Health Service meeting, a prominent statistician

presented some health data covering several years. The trend over the first few years was steadily downward, but in the last two years the trend reversed and started to rise. When questioned by the audience about this apparently significant change, the speaker replied, "the program people would have to look into that." To complete his reply I would add that here is where you call an epidemiologist! Epidemiologists seek the answer to why...why that disease...why those people...why that

community...why now? Sometimes we even find the answers, as you'll see in this newsletter.



News from the Tribal Epidemiology Centers

The IHS Epidemiology Program funds four tribal organizations to establish Regional Epidemiology Centers and they are: Alaska Native Epidemiology Center in Anchorage, AK; Northwest Tribal Epidemiology Center in Portland, OR; Great Lakes Inter-Tribal Council Epidemiology Center in Lac du Flambeau, WI; and the

Inter-Tribal Council of Arizona Epidemiology Center in Phoenix, AZ. The Epi Centers have been actively seeking other sources of funding to increase their capacity to serve Tribes in their regions. Recently, the Portland group was awarded funding from the National Cancer Institute (NCI) to develop a tribal registry and improve the quality of cancer

data for AI/AN in the Northwest. The Alaska Epi Center also received good news from NCI: the Alaska Native Tumor Registry has been selected to become a full SEER Registry. The SEER system is the Nation's premier cancer surveillance program, and being asked to join is a testimony to the high quality of work that Dr. Lanier and

the Registry have done in the past. Congratulations to the Northwest and Alaska Epi Centers for their good work! Other accomplishments of all the Epi Centers will be highlighted in a future edition of this newsletter.



Tobacco Control Program

Lorene Reano, Tobacco Control Coordinator, recently developed and finalized a CDC Request for Application (RFA) for assistance to support tribal centers conducting tobacco control and

prevention programs. Look for the RFA announcement in Fall 1999. In August, she's hosting a conference call on "American Indian/Alaska Native Issues in Tobacco Control & Prevention" with

four other presenters as tech support for state tobacco programs. Presentations on tobacco use in American Indian/Alaska Natives populations were made to conference audiences in Bethesda,

MD; Norman, OK; Albuquerque, NM and Atlanta, GA. Call Lorene for more info.

Sexually Transmitted Disease

Laura Shelby and Rachel Pacheco in the STD Prevention & Control Program continue to creatively expand and enhance the program. The past few months have seen the beginning of several innovative approaches to STD prevention. Seventeen (17) chlamydia special screening projects have been initiated to target non-routinely screened



populations, i.e. male teens, certain male age groups getting physicals for employment, and enrollees at youth treatment centers. The Portland Epi Center STD program conducted a 3-week screening initiative at an Oregon high school. The Billings Area screened firefighters as part of their physical exams for employment. Further eval-

uation of chlamydia services will begin at Aberdeen and Phoenix Area IHS facilities this fall. Interest continues in the "Stop Chlamydia, Use Azithromycin Project," cited by the increased enrollment by IHS, tribal, and urban facilities. (Call Laura or Rachel at 505-248-4226 to enroll.) More IHS labs have obtained equipment to do urine chlamydia screening. This will expedite and improve the chlamydia screening and

treatment for positive cases.

[NOTE: Laura Shelby may be stationed in Nigeria as part of an intervention effort to eradicate the guinea worm until November. The experience should be challenging and rewarding. In the meantime, you can call Rachel for any assistance.]

Antimicrobial Resistance

Since the Christmas newsletter a lot has happened to keep Amy Groom, our infectious disease staff epidemiologist, busy and on the road. In February, she traveled to Minnesota to present findings from a community methicillin-resistant *S. taph aureus* (MRSA) study. The first study found an alarming number of MRSA infections that appeared to have been acquired in the community

rather than in a hospital or nursing home. The local Tribe and IHS service unit have since expressed an interest in expanding the study to identify MRSA risk factors in the community. In May, she was in the Aberdeen Area to present information on antibiotic resistance and MRSA at an inter-disciplinary conference in Pierre, SD and to IHS staff in Belcourt, ND as well as to the community through a

local radio station question and answer session. Our CDC Epidemic Intelligence Service (EIS) Officer, Dr. Jennifer Giroux, was a lead author on a recently published MMWR (48:707-710) article describing four deaths due to community-acquired MRSA in Minnesota and North Dakota.

In anticipation of the new conjugate pneumococcal vaccine being released, one of our UNM MPH Interns,

Chris Hammond, has been reviewing the epidemiology of invasive pneumococcal disease among American Indians and Alaska Natives. Hopefully, this new vaccine will prevent further increases in drug resistant pneumococcus.

Reproductive Health/Behavioral Risk Factor Surveys

Leslie Randall is currently working with members of the Tohono O'odham Tribe, Inter-tribal Council of Arizona, Tucson Area IHS office, and health officials

from the State of Sonora in Mexico on training and conducting focus groups and developing a health fair to be held in Sonora, Mexico. She is also providing technical

assistance on design, implementation and training for in-person Behavioral Risk Factor Surveys for the Alaska Native Epi Center.



Hepatitis

The Epidemiology Program recently expanded its staff to include Doug Thoroughman, Ph.D., a CDC Hepatitis Branch Field assignee. Doug previously spent two years with our program as an EIS officer and has come back to focus on hepatitis issues in American Indian/Alaska Native communities, nationally. Initially, Doug will work on several projects

involving hepatitis A. These include assessing the effectiveness of hepatitis A vaccination for our population, evaluation of the surveillance system, collecting information on provider practices regarding testing, and completing a CDC slide presentation for use by IHS hepatitis coordinators. Doug's next emphasis will be hepatitis C, in particular,

looking at risk factors, treatment recommendations, and vaccination strategies for those with hepatitis C. Doug encourages those who have concerns, scientific questions to be answered, or ideas for potential projects related to hepatitis to contact him and get acquainted. All Service Units should be hearing directly from Doug very soon!

Before Doug arrived, however, Amy joined a CDC team to investigate a cluster of cases of fulminant hepatitis B in Montana. As a result of this investigation one of our University of New Mexico MPH Interns, Karin Garratt, traveled to the Billings IHS Area this July to do an evaluation of hepatitis surveillance.



Nine year anniversary of IHS Colposcopy Program

The IHS Colposcopy Program, spearheaded by Dr. Alan Waxman, and funded by CDC just celebrated its ninth birthday this spring with the advanced colposcopy workshop in Albuquerque. This training was conceived in 1989 because Native American women had the highest cervical cancer incidence of any ethnic group in the U.S. at that time. Colposcopy, the

procedure to diagnose cervical and vaginal neoplasia in women with abnormal paps, was a specialty procedure in 1989, performed mostly by gynecologists. The program consists of a basic colpo course, closely supervised preceptorship, and periodic review courses. To date, 144 physicians, nurse practitioners, certified nurse midwives, and physician assistants have attended the

training. They offer diagnosis and treatment at 46 IHS, Tribal and Urban clinics. In addition, 80 other colposcopists from these and 19 other clinics have attended the program's review and advanced workshops. This program has increased access to care for Native American women and in doing so has helped to reduce the incidence of invasive cervical cancer in Indian Country.

The next Basic and Review



Colposcopy workshops are tentatively scheduled for April 10-13, 2000. Please call our office for more info.

Women's Health Information

- ◇ Ms. Carol Johnson left our program for a job closer to home, but Mr. Don Reece assumed the CDC duties this week.
- ◇ The CDC recently reviewed tribal organizations' applications for breast & cervical cancer screening grants and selections will be announced soon.

- ◇ The 8th Cancer Support Group Leader training was held in Feb. 1999 with 11 attendees.
- ◇ Ben Muneta is studying the lack of telephone ownership as a risk factor for lack of breast and cervical cancer screening among Native American women living in rural

communities in North and South Dakota. His preliminary findings suggest significant differences between women who own and don't own a telephone. Distance from the screening clinic is another risk factor.

- ◇ New breast cancer education material was

developed by the Susan G. Komen Foundation and tribal, state, and federal women's health coordinators.



Zoonotic Diseases

We continue to be "bugged" by zoonoses such as plague, hantavirus and most recently, Rocky Mountain Spotted Fever. Dr. Cheek and Drs. Greg Glass (Johns Hopkins Univ.) and Ken Gage (CDC Vector-borne Diseases) remain "circling in asynchronous orbits" as they

use satellite images and GIS (Geographic Information Systems) to unravel the ecological mysteries of hantavirus and plague. Back on earth, our collaborators at the UNM Biology Dept. are in year six of a long-term study of rodent populations in the Southwest. Ben Muneta

has focused on the human side of hantavirus, describing traditional Indian beliefs dealing with hantavirus and rodents. Look for him on upcoming shows being aired by the Discovery Channel and National Geographic this fall.



In studying our newest zoonotic disease, Amy visited four facilities in OK for a collaborative IHS/CDC study looking at hospitalization rates for Rocky Mountain Spotted Fever in both IHS and Tribal facilities.

Immunizations/Vaccine-preventable Diseases

Joan T akehara, our National Immunization Coordinator, joined many of the IHS Area Immunization Coordinators at the CDC National Immunization Conference in Dallas during June. Before the conference, Joan had arranged for the coordinators from Albuquerque, Billings, Navajo, Phoenix, and Tucson to be recognized for their outstanding work in achieving vaccination levels over 90%. More recently, Joan has been dealing with two vaccine-related issues making the

news, specifically Rotavirus vaccine, and thimerosal. In July CDC recommended postponing administration of RRV-TV (tetraivalent rhesus-based rotavirus vaccine) to children scheduled to receive the vaccine before November 1999, including those who may have already begun the RRV-TV series. Several cases of intussusception among vaccinated children have been reported. No conclusive findings have been found to date, but more information is

anticipated within the next few months. The other issue surrounds the use of thimerosal, a form of mercury preservative, in many vaccines. Thimerosal theoretically could affect infants given thimerosal-containing vaccine at an early age. There is no evidence of harm in children, however, but the potential for harm has providers concerned. In general the risks of not vaccinating children far outweigh the risk, if any, of exposure to thimerosal. But because of the potential risk

of thimerosal, CDC and the USPHS Advisory Committee on Immunization Practices (ACIP) are recommending that some vaccinations be postponed until the child is at least two months of age (Call Joan for more info. (505) 248-4226).



Tuberculosis

Dr. Jennifer Giroux and a MPH student volunteer from Yale, Kristin Bushnell, have been working on the cross-cutting problem of tuberculosis among diabetics. The project initially started as a review of tuberculosis surveil-

lance in South Dakota, done as part of Jennifer's EIS requirements. As a result of the evaluation, and following a request for assistance from the State health department, Jennifer returned to SD to investigate several possible

TB related deaths among Indians in the state. Her preliminary results suggest that many of the deaths were indeed due to TB, often in diabetic patients. Kristin has been working with Drs. Tom Welty and Everett Rhodes

on the issue of TB in diabetic patients enrolled in the Strong Heart study. She plans to present her findings later this year at an IHS Diabetes meeting.

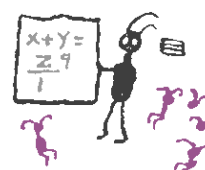
Educational Opportunities Available

Students continue to flock to the IHS Epidemiology Program. Either way is out that we can provide a rich and rewarding learning experience, or students have figured out that New Mexico is a great place to visit! We like to think that both are true! Regarding

less, over the past few months we have hosted students from numerous schools of public health, medical schools, and residency programs. The students generally work on ongoing projects during their stay, often trying to complete their thesis or a publication

related to the project. Training and mentoring students at all levels is a high priority for our program. We are particularly interested in providing educational opportunities and career guidance, for American Indian and Alaska Native students with interests

in public health. For more info, contact Drs. Cheek, Cobb, or Bryan at (505) 248-4226.





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Tobacco Control: Lorene Reano

Women's Health: Don Reece, Bobbie Peppers

Infectious Disease: Jim Cheek, Amy Groom

Hepatitis: Doug Thoroughman

Immunizations: Joan Takehara

STD/Chlamydia: Laura Shelby, Rachel Pacheco

Senior CDC/ATSDR Tribal Liaison: Ralph Bryan

EIS Officer: Jennifer Giroux

Support staff: Ellen Ortiz, Leslie Baumgardner, Michelle Bowser,
Cheryl Kedelty, and Angie Nevares

The mission of the Indian Health Service is to raise the health status of the American Indian and Alaska Native people to the highest level possible. The goal of the Epidemiology Program in accomplishing that mission is to provide a solid foundation for all public health interventions and functions, encompassing the following public health goals:

- ♦ Prevention of epidemics and the spread of disease
- ♦ Protection against environmental hazards
- ♦ Prevention of injuries
- ♦ Promotion and encouragement of healthy behaviors
- ♦ Responding to disasters & assisting communities in recovery
- ♦ Assuring the quality and accessibility of health services

Our objectives are to describe causes of morbidity and mortality, identify risk factors for disease, and prevent and control disease.

Disease control and prevention activities of this program target both chronic and infectious diseases. Services available include: data management & reporting, community surveys, emergency response, surveillance, liaison, training, and consultation to clinicians. Most services are at no cost. Applied epidemiological research and policy development are also available.

CDC/ATSDR Tribal Partnerships - New Directions

After twelve years with CDC's National Center for Infectious Diseases, Dr. Ralph Bryan has joined CDC's Office of the Associate Director for Minority Health where he will serve as the Senior CDC/ATSDR Tribal Liaison. Ralph will remain as a CDC field assignee to IHS HQ in Albuquerque, where he will be working closely with the Epidemiology Program to strengthen intergovernmental responses to tribal public health needs. He will help

coordinate IHS-CDC collaborative activities with tribal communities throughout the United States. Through consultation, networking, strategic planning and improved coordination among federal, state & tribal governments, urban Indian health programs, and academic institutions, Ralph hopes his new position will

help to:

- ♦ facilitate IHS and CDC efforts in policy planning and priority setting that will better integrate existing categorical projects and personnel;
- ♦ promote an expanded CDC role in direct tribal consultations by helping to match CDC support and expertise with specific tribal needs;
- ♦ develop mentoring and educational oppor-

tunities in public health for AI/AN students, and establish partnerships with AI/AN-serving colleges and universities;

With these overall goals in mind, and with epidemiology providing the scientific foundation, Ralph will be working closely with other members of the IHS Epi team. Please feel free to contact him by e-mail at: rrb2@cdc.gov.

